

**Short Term Rental Permit Application**  
**Permit Fee \$100.00**

State of Wisconsin  
Bayfield County

Town of Namakagon  
23845 County Hwy M  
Cable, WI 54821  
(715)794-2651  
namakagon@cheqnet.net

This Short Term Rental permit is required in the Town of Namakagon after a Conditional Use/ Special Use Permit is issued from Bayfield County, in accordance with Ordinance 41 of the Town of Namakagon.

Renewals due the last day in February yearly

**Type of Application:**

- ☐ New
- ☐ Renewal

**Property Owner Information:**

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Tax ID: \_\_\_\_\_

Website: \_\_\_\_\_

*A separate application is required for each unit.*

**Property Manager/Local Contact (If different than the property owner. Must be within 10 miles of rental unit):**

Name of Property Manager/Local Contact Person:

\_\_\_\_\_

Local Contact Address: \_\_\_\_\_

Local Contact Email: \_\_\_\_\_

Local Contact Phone: \_\_\_\_\_

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Types of Short-Term Rentals: Condominium, Duplex, House, Cabin, Campground (with sleeping units), Cottage, Yurt, Suite and/or Others.

**List the type of Short-Term Rental(s), name or number (if applicable), and property address of all Short-Term Rentals in the Town of Namakagon:**

TYPE	NAME/NUMBER	ADDRESS

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**Do you own other short term rental properties in the State of Wisconsin?**

- ☐ Yes
- ☐ No

If yes please list type, name or number (if applicable) and property address:

TYPE	NAME/NUMBER	ADDRESS

**Will you be using a property manager?**

- ☐ Airbnb
- ☐ Booking.com
- ☐ VRBO/HomeAway
- ☐ Expedia
- ☐ Other – Please list: \_\_\_\_\_

**Person/Property Manager responsible for filing quarterly and annual reports:**

- Property Owner
  - Clam Lake Property Management
  - Lakewood's Resort
  - North Country Vacation Rentals
  - Recreational Rental Properties
  - RM Property Management
  - Staudemeyer's Four Seasons Resort
  - Other (list name, address, phone and email) \_\_\_\_\_
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**Attachments to include with new permit application:**

- State of WI Tourist Rooming House License and inspection form dated within the past 12 months issued by Bayfield County Health Department
  - Certificate of Liability Insurance that covers the rental property and its operations
  - Floor plans for all units
  - Site plan with on-site parking plan
  - Bayfield County Zoning Permit
  - Current Fire Inspection, renewal required every five years
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**Attachments to include with renewal permit application:**

- Certificate of Liability Insurance that covers the rental property and its operations
  - If there is more than one unit, please attach the State of WI Tourist Rooming House License dated within the past 12 months issued by Bayfield County Health Department
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I, the property owner(s) certifies,

- the property located at \_\_\_\_\_ meets the requirements of Ordinance 41 Short Term Rentals in the Town of Namakagon.

- I do not have any outstanding fees, taxes or forfeitures owed to the Town of Namakagon.
- My property has no order to bring the property into compliance with county/town ordinances.
- I understand I must ALSO obtain a Town of Namakagon Room Tax Permit, pay room taxes and file quarterly and annual reports. Applications and forms can be found on the town's website at <https://namakagon-wi.org>.
- I understand I must display my license on the inside of my main entrance door.
- I understand this license is valid for a period of one year from the date of issuance, and will expire on March 31<sup>st</sup>, of the expiration year. Depending on issuance the license period may be shorter than one year due to the expiration date of March 31<sup>st</sup>. The rate will not be prorated.
- I understand that if there are any changes during the year (# of unit, Property Manager, etc.), I am responsible for notifying the Clerk and Treasurer in writing of those changes.
- I understand if I close my business or sell my property, I am responsible for notifying the Clerk and Treasurer in writing. Please be specific on the date.
- I understand that transferring the Town of Namakagon Short-Term Rental Permit shall not be permitted. Should the subject property be sold or transferred, then the permit shall become void, and a new Town of Namakagon Short-Term Rental Permit must be issued.
- I understand that I will comply with all applicable laws and regulations.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

Return form to:

Town of Namakagon  
23845 County Highway M  
Cable, WI 54821

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FOR TOWN CLERK'S USE ONLY

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_

Date permit issued: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**An Accommodation permit will be issued after all County and Town permits and inspections are completed and approved.**